Indian domestic market is an incentive for export production in the country.

(vi) Encouraging foreign collaboration for investment and technology. This includes automatic approval for foreign direct investment upto 51% foreign equity in high priority industries and automatic permission for foreign technology agreement in such industries with certain ceiling on payments.

(vii) Encouragements to NRIs and Overseas Corporate Bodies predominently owned by NRIs to invest in India. This includes automatic approval upto 100% equity in priority industries.

(viii) Implementation of a quality infrastructure programme called the Standardization, Testing & Quality Certifiction (STQC) Programme to promote the quality of Indian electronics goods.

(ix) Participation in and sponsoring of seminars, exhibitions, business delegation etc. abroad and in India.

(x) Establishment of a Software Services Support and Education Centre to improve the quality of Indian software.

(xi) Establishment of SATCOM Services (India) to provide high speed data communication for software exports.

डा राम मनोहर लोहिया अस्पताल में जांच किए गए रोगी

476. **श्री कनकसिंह मोहनसिंह मंगरोला** :क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) वर्ष 1993-94 और 1994-95 के दौरान नई दिल्ली स्थित डा. मनोहर लोहिया अस्पताल में कितने रोगियों की जांच की गई;

(ख) उपयुर्क्त अवधि के दौरान डा. मनोहर लोहिया अस्पताल के लिए कुल कितने बजट का प्रावधान किया गया;

(ग) क्या डा, मनोहर लोहिया अस्पततात में प्रति-रोगी औसत लागत देश के अन्य किसी भी सरकारी अस्पतालों की लागत की तुलना में सर्वधिक हैं;

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या हैं; और

(ड) सरकार ने इस संबंध मे अब तक क्या राज्य कार्रवाई की हे?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री ए. आर. अन्तुले): (क) राम मनोहर लोहिया अस्पताल मे जांच किये गये रोगियों की संख्या निम्न है:

	ओ . पी. डी.	आई .पी.डी .
1993-94	11,82,230	37,911
1994-95	11,67,224	42,995

(ख) अस्पताल के लिए बजट का प्रावधान इस प्रकार हैं:

		रूपये लाखों में
	योजना	योजनेतर
1993-94	608.16	1583.21
1994-95	580.00	1796.90

(ग) इस प्रकार के आंकड़े सरकार ने नहीं रखे हैं।

(घ) और (ड) प्रश्न नहीं उठते ।

Shortage of Anti-Rabbies Vaccine

477. SHRI V. NARAYANASAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether recently there was shortage of anti-rabbies vaccine in Himachal Pradesh factory to meet the demands of U.P. facing a tough time due to less supply of anti-rabbies vaccines in Government hospitals;

(b) whether the Madras-based factory

also found it difficult to supply the vaccines to Government hospitals all over Uttar Pradesh for the treatment of patients of dog-bites;

(c) the steps taken to meet the demand of Uttar Pradesh; and

(d) what is the total demand made by U.P. and the supply made by the factories in Himachal Pradesh and Madras?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI A.R. ANTULAY: (a) and (b) There was no shortage of Anti-Rabies Vaccine at Central Research Institute, Kasauli and Pastaur Institute of India, Coonoor. However, no indent for supply of Anti-Rabies Vaccine has been received by these two Institutes from the Government of Uttar Pradesh.

(c) and (d) Does not arise.

Increase in Heart Ailments

478. SHRI VIRENDRA KATARIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is an alarming increase in the number of persons suffering from various types of heart ailments in the country;

(b) whether any survey has been carried out by any expert Committee to find out the main reasons for the increase and if so, the details of the survey report;

(c) the remedial measures proposed to be taken by Government to overcome the problem; and

(d) whether any assistance is being solicited from the world Health Organisation and other countries in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI A.R. ANTULAY): (a) No reliable data is available about the increase or otherwise of heart diseases, as they are not notifiable. However, wtth changing life style, rising life expectancy and increasing stresses of modem life, the incidence of heart diseases is expected to increase.

(b) Studies conducted by the Indian Council of Medical Research and others indicate that higher prevalence of heart diseases in urban areas is attributable to the risk factors associated with the lifestyles of the urban population. The Rheumatic Fever/Rheumatic Heart Disease which occurs mainly in childhood is linked with overcrowding and poor hygiene habits.

(c) Health education, counselling to patients and provision/augmentation of treatment facilities are among the measures introduced.

(d) A project to undertake screening of population at risk from heart disease at the community level is under formulation for which external assistance may be sought.

Lowering of export obligation of MNCs in Small Scale Sector

479. SHRI CHATURANAN MISHRA:
SHRI N. GIRI PRASAD:

Will the Minister of INDUSTRY be pleased to state:

(a) whether Government are considering a proposal to allow foreign companies including multinationals to enter small scale sector by reducing their export obligation to 60 per cent from the current level of 75 per cent; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF INDUSTRY (SHRI M. ARUNACHALAM): (a) and (b) The present policy is that large industrial undertakings including foreign companies are allowed to manufacture items reserved for the small scale sector if they undertake an export obligation of 75 per cent. There have been demands from various quarters that this export obligation should be reduced. However, no decision has been taken to reduce the said export obligation.